

APPENDIX C, EXHIBIT 5

COMMUNITY AND SENIOR SERVICES (CSS) LOS ANGELES COUNTY AREA AGENCY ON AGING (AAA) ELDERLY NUTRITION PROGRAM (ENP) PROPOSED PROGRAM SERVICES (PPS)/BUDGET

INSTRUCTIONS

Please use the following instructions to complete the attached electronic *Proposed Program Services/Budget*. The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Proposer. The form automatically performs all necessary calculations and validations. Please note that the workbook contains two (2) Exhibits (*Proposed Program Services* and *Budget* forms); the Proposer shall complete the applicable sections of each Exhibit in order to accurately reflect the Services to be provided for the fiscal year. When working with calculations, any additional information other than whole numbers will often create mathematical variances therefore, please refrain from using formulas or decimals (unless allowed by the sheet).

PART I PROPOSED PROGRAM SERVICES (PPS)

PAGE 1 – Cover Sheet: Please provide all requested information as indicated in the **blue font**. Once the agency data has been entered, the Proposer's name will automatically generate on all pages of the workbook.

1. **Enter the Full Legal Name of the Organization:** Enter the full legal name of the organization onto the line and do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.
2. **Main Administrative Office Address:** Enter the address of the authorized signatory on this line. If the main administrative office and the mailing address are the same, please delete the default (Blue Font) language on the mailing address line.
3. **City/State/Zip Code/Fax Number:** Please enter all the information listed corresponding to the particular site. Note: For the FAX number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
4. **Mailing Address:** Only enter an address if the Main Administrative Address and mailing address are different. All correspondence, contract, program and compliance related information will be sent to both addresses and addressed to the administrator listed on the Authorized Signatory and the Primary/Secondary Contact lines.

5. **Prefix:** Enter the appropriate prefix.
6. **Official Authorized to Sign for the Agency:** Enter the administrator authorized through board resolution to sign for the agency. A board resolution will be required prior to contract execution.
7. **Job Title:** Enter the title of the authorized signatory. Please abbreviate the job title if the title does not fit in the cell.
8. **Phone Number/Ext.:** Enter the phone number and extension of the contact. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
9. **E-Address:** Enter the email address of the contact.
10. **Primary/Secondary Contact for Program:** CSS will only contact the secondary contact in cases where the authorized signatory is not available.
11. **Grant Summary Chart:** The chart detailing Supervisorial District data will be completed when information has been completed on the remaining sheets. Please do not attempt to enter data in this area. Information regarding column (A) Grant Costs and column (B) Number of Unduplicated Clients will automatically transfer from the *Service Unit Summary sheet*. The remaining information will automatically transfer from the *Budget Summary sheet*.
12. **Cost per Meal and Cost per Client:** For informational purposes only. This will not be used in the evaluation of the Proposal.

PAGE 2 – Site/Route Summary: Complete the information requested for **each** Congregate Meal Site or Home-Delivered Meal Route by providing the following:

NOTE: This information may be used for public use (e.g., directories, website, and brochures).

NOTE: To perform a return within a cell press “Alt” and “Enter”.

1. **Site/Route Name:** Enter the Site or Route name. Abbreviate if necessary.
2. **Congregate Meal Services:**
 - a. **Sup. District (Supervisorial District):** Indicate in which of the 5 Los Angeles County Supervisorial Districts the Congregate Meal Site is located.

- b. **Site Address:** Provide the address of the physical location of the Congregate Meal Site.
- c. **Public Phone Number:** Enter the telephone number that clients can use to contact staff at the Site.
- d. **Site Manager and Phone Number:** Provide the full name of the Site's Manager as well as his/her direct phone number.
- e. **Meals Served (Congregate Meals Only):** Provide the type of meal (Breakfast, Lunch and/or Dinner) the Proposer plans to provide by entering an "X" into the appropriate box.
- f. **Days/Hours of Operation (Congregate Meals Only):** Enter the hours the Site is open for Services under the appropriate column according to the days of the week (Monday through Friday [M-F], Saturday [Sat] and/or Sunday [Sun]). For example, if the Proposer intends to provide services on Monday, Wednesday, Friday, Saturday and Sunday then data would be entered as follows: (1) under column (M-F) enter: Mon, Wed & Fri – 12 pm – 3 pm & 5 pm – 8 pm; (2) Under column (Sat) enter 12 pm – 3 pm & 5 pm – 8 pm; and, (3) under column (Sun) enter 12 pm – 3 pm & 5 pm – 8 pm.

3. **Home-Delivered Meal Services:**

- a. **Communities Served by Route (Home-Delivered Meals (HDM) Only):** Provide the cities that will be served by the HDM meal route.
- b. **Vehicle Make/Model/Year**
- c. **Vehicle Driver Staff/Volunteer:** Provide the name of the driver (if the position needs to be filled, enter "NA") and indicate whether the driver is staff or a volunteer.
- d. **# of Meal Recipients:** Indicate the number of meal recipients on the meal route.
- e. **Location of Meal Packaging**
- f. **Delivery Time:** Provide the time the route will start and the time the last client is provided a meal.

PAGE 3 – Units of Service Summary: Provide the requested information according to the Supervisorial District you propose to provide services in. Please note this information may be used for public use.

1. **Undup. Clts (Unduplicated Clients):** Indicate the number of unduplicated clients you intend to provide services to for the fiscal year for each Supervisorial District.
2. **Unit Rate:** Indicate the Unit Rate for each type of service you intend to provide.

NOTE: The Unit Rate is the rate your agency will be reimbursed by this contract. This rate does not represent the total cost of the Unit of Service only the amount reimbursable by the AAA. Please review the current Statement of Work to see the maximum Unit Rate(s) reimbursable by the AAA.

3. **Meals:** Indicate the total number of Units of Service your agency proposes to serve for the fiscal year for each Supervisorial District.
4. **Cost:** The cost of the services will be automatically calculated based on the data entered. You must enter the Unit Rate and the number of Units of Service your agency will provide per Supervisorial District for the totals to calculate.

NOTE: The Grant Costs and Number of Unduplicated Clients per Supervisorial District will be automatically transferred to Page 1, Cover Sheet and to Page 1, Budget (Grant Costs).

5. **Services by Month:** Indicate the Units of Service to be provided each month during the fiscal year for each service that is listed on the *Units of Service Summary*. The total must match the total number of units calculated in the *Units of Service Summary* (previous section).

Page 4 – Telephone Reassurance: Provide the requested information according to the Supervisorial District you propose to provide services in.

1. **Undup. Clts (Unduplicated Clients):** Indicate the number of unduplicated clients you intend to provide services to for the fiscal year for each Supervisorial District.
2. **Unit Rate:** Indicate the Unit Rate for each type of service you intend to provide.

3. **Phone Calls:** Indicate the total number of Units of Service your agency proposes to serve for the fiscal year for each Supervisorial District.
4. **Cost:** The cost of the services will be automatically calculated based on the data entered. You must enter the Unit Rate and the number of Units of Service your agency will provide per Supervisorial District for the totals to calculate.
5. **Personnel:** Please complete as follows:
 - a. Position Titles: Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.
 - b. Column (A) No. of Employees: Enter the number of employees for this position with similar pay and percentage of time.
 - c. Column (B) Percentage of Time on Program: Enter the percentage of time the employee(s) will spend working on the Program. If the percentage of time will vary for employees with the same title then use a separate line to report this information.
 - d. Column (C) Monthly Salary: Enter the total Monthly Salary for this position. Please do not enter hourly rates. Estimate the Monthly Salary if the employee is paid by an hourly wage.
 - e. Column (D) No. of Months: Enter the number of months the employee will be paid under the Program. Must be limited to 12 months.
 - f. Column (E) Annual Salary: Please do not complete, the total will be calculated automatically. Please note all preceding cells must have data entered before this total will work.
 - g. Column (F) Grant Costs: Enter the amount of the Grant Award that will be used to fund the annual salary for this position.
 - h. Column (G) Match (Cash/In-Kind): Enter the amount of the Proposer Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.
 - i. Column (H) Non-Match (Cash/In-Kind): Enter the amount of the Proposer Non-Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.
 - j. Column (I) Grant Related Income: Enter the amount of Grant Related Income that will be used to fund the annual salary for this position.

- k. Column (J) Budget: Do not complete this field. This amount should equal column (E) – Annual Salary.
 - l. Column (K) – Variance: Will display variances between the listed column (E) Annual Salary and column (J) Budget.
 - m. Taxes: Highlighted in yellow (Lower left-hand corner); Enter the total percentage representing payroll taxes. Please note: Column (E) and column (J) must be equal.
 - n. Benefits: Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing employee benefits. Please note: Column (E) and column (J) must be equal.
2. **Other Cost Detail:** For each cost category (i.e., Accounting Services, Advertising, Dues/Memberships/Subscriptions, Indirect Costs, etc), complete each column as follows:
- a. Column (A) Unit Cost: Enter the Unit Cost of the item(s). The Unit Cost must be as reflective of the actual costs as possible. Although costs may differ from month to month please provide the best estimated cost possible.

NOTE: Mileage must be calculated by the cost per mile and the estimated number of miles. The cost per mile can't exceed the AAA approved Unit Rate which is currently .52 cents per mile.
 - b. Column (B) Number of Units: Enter the number of items to be purchased.
 - c. Column (C) Number of Months: Enter the number of months. Must be limited to 12 months.
 - d. Column (D) Total Cost: Please do not complete.
 - e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used for this item(s).
 - f. Column (F) Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used for this item(s).
 - g. Column (G) Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used for this item(s).

- h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for this item(s).
- i. Column (I) – Budget: Do not complete this field. This amount should equal column (D) Total Cost.

PART II BUDGET

PAGE 1 – Budget Summary: Provide information for Program costs (i.e., expenditures for operating the program) and funding for each Supervisorial District in which you intend to provide services as follows:

1. **Cost Categories:** Enter the costs for each applicable line item. The amounts entered should be categorized as either Cash (e.g., monetary exchange) or In-Kind (e.g., cash equivalent or goods and services rather than cash) contributions. The costs associated with each line item must be supported in the corresponding detail/schedule sheets.

NOTE: The total from Total Program Costs and Total Funding must be equal to avoid a variance. Please avoid using formulas in the sheet or using decimal points. If you do use formulas a variance may appear. In order to avoid a variance, use whole numbers and avoid using cents or percentages.

Also, please be aware of program specific line items such as Catered Food/Raw Food Costs, Supplemental Services, Purchase of Services, etc. For Program specific line items refer to the *Statement of Work* for Program requirements.

2. **Total Indirect Costs:** Please enter the total amount of Indirect Costs for the agency here. Please note Proposers can only charge 8% of the total Grant Costs to the program. Anything above the 8% administrative cap can be used as a Match.

NOTE: All Indirect Costs displayed on the *Budget Summary* must be supported by an approved indirect cost rate (federal cognizant agency or CSS) and the *Cost Allocation Plan*. For more information regarding the *Cost Allocation Plan* please refer to the Statement of Work in the *Contract*.

3. **Funding Categories:** Enter the amount of funding necessary to operate the Program. The funding categories (i.e., the sources of revenue) include: Grant Costs (funds allocated and reimbursed by the AAA), Grant Related Income, Match (in the form of Cash or In-Kind contributions) and Non-Match (in the form of Cash or In-Kind contributions).

NOTE: The Grant Costs per Supervisorial District is automatically transferred from the *Service Unit Summary* to Page 1, *Budget*.

NOTE: When aggregating the costs listed below you must manually add each cost listed under the applicable column (Grant Costs, Match, Non-Match, and Grant Related Income) on every budget detail sheet. For example, in order to determine the total Grants Costs on the *Budget Summary* page you will need to add the totals under the applicable funding column from each detail/schedule (Personnel, Sub-Contractors, Space, Equipment, Other Costs, and Indirect Costs).

- a. Grant Costs: Aggregate the costs as specified in the Personnel, Sub-Contracts, Equipment, Space, Other Costs, Indirect Costs and Program specific detail/schedules.
- b. Match: Aggregate the costs (Cash/In-Kind) as specified in the Personnel, Sub-Contractors, Equipment, Space, Other Costs, Indirect Costs and Program specific detail/schedules.

NOTE: Proposer shall provide a **minimum** matching contribution as specified in the *Statement of Work*. This amount represents the Proposer's share that it will contribute toward the cost of operating the Program.

- c. Non-Match: Aggregate the costs (Cash/In-Kind) as specified in the Personnel, Sub-Contractors, Equipment, Space, Other Costs, Indirect Costs and Program specific detail/schedules.

NOTE: Def. Non-Match (CDA) Local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions (i.e. overmatch). Non-Match is not calculated when determining the match requirement (CSS).

- d. Grant Related Income: Revenue generated by Proposer from contract-supported activities including, but not limited to, voluntary contributions received from a client as a result of services; royalties received on patents/copyrights from contract-supported activities; and proceeds from the sale of items fabricated under a contract agreement.
4. **Agency met min. match req. (Agency met minimum match requirement):** Please do not enter information here. This area is designed to test whether the amount of Match entered meets the designated minimum match. When the appropriate amount of Match is entered, a message will display "Match Met". Otherwise, if not, the message will display "Match Not Met" and you shall enter

the correct amount of Match contributions. **When determining if the agency met the Match requirement the agencies Non-Match is not included.**

5. **Variance:** Please do not enter information here. This area is designed to ensure the accuracy of information provided for Total Program Costs and Total Funding. It compares these two (2) Totals, which should equal thereby indicating that funding is sufficient to meet Program expenditures (i.e., program costs must equal total funding). If there is no variance between the Total Program Costs and Total Funding, the variance will be either “-” or “0”; otherwise, if an amount is displayed in this area the Proposer shall revise the data entered in either the Cost or Funding areas to properly align the Totals.

NOTE: If you think all the calculations are correct but the sheet still shows a variance, please refer to the note above.

PAGE 2 – Personnel Detail

3. **Personnel:** Please complete as follows:

- a. **Position Titles:** Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.
- b. **Column (A) No. of Employees:** Enter the number of employees for this position with similar pay and percentage of time.
- c. **Column (B) % of Time on Program:** Enter the percentage of time the employee(s) will spend working on the Program. Use a separate line to report this information if the percentage of time will vary for employees with the same title.
- d. **Column (C) Monthly Salary:** Enter the total Monthly Salary for this position. Do not enter hourly rates. Estimate the Monthly Salary if the employee is paid by an hourly wage.
- e. **Column (D) No. of Months:** Enter the number of months the employee will be paid under the Program up to a maximum limit of 12 months.
- f. **Column (E) Annual Salary:** Do not complete this field; the total will be calculated automatically. Please note all preceding cells must have data entered before this total will work.
- g. **Column (F) Grant Costs:** Enter the amount of the Grant Award that will be used to fund the annual salary for this position.

- h. Column (G) Match (Cash/In-Kind): Enter the amount of the Proposer Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.
- i. Column (H) Non-Match (Cash/In-Kind): Enter the amount of the Proposer Non-Match in the form of either Cash or In-Kind contributions that will be used to fund the annual salary for this position.
- j. Column (I) Grant Related Income: Enter the amount of Grant Related Income that will be used to fund the annual salary for this position.
- k. Column (J) Budget: Do not complete this field. This amount should equal column (E) Annual Salary.
- l. Column (K) Variance: Will display variances between the listed column (E) Annual Salary, and column (J) Budget.
- m. Taxes: Highlighted in yellow (Lower left-hand corner); Enter the total percentage representing payroll taxes. Note: Column (E) and column (J) must be equal.
- n. Benefits: Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing employee benefits. Note: Column (E) and column (J) must be equal.

Page 3 – Cost Detail – Volunteers, Sub-Contractors & Equipment

- 1. **Volunteers:** Enter the job title of the volunteer. The title of the volunteer should be commensurate with the wage being requested. Please note: The total Volunteer/Wage Equivalent Detail cost must be listed on Line 1 (Personnel) on the Budget Summary.
 - a. Column (A) No. of Volunteers.
 - b. Column (B) % of Time on Program.
 - c. Column (C) Salary Equivalent.
 - d. Column (D) No. of Months.
 - e. Column (E) Annual Salary Equivalent.
 - f. Column (G) Match/In-Kind.
 - g. Column (H) Non-Match/In-Kind.

h. Column (J) Budget.

2. **Sub-Contracts:** In the space provided, enter the type of subcontracts that will be utilized during the fiscal year. For all subcontracts proposed to be used by Proposer, Proposer must submit the subcontractor Agreement to CSS for approval. Please review the *Standard Terms and Conditions* for more information. Complete the columns as follows:

- a. Column (A) Unit Cost: Enter the cost per unit of the item(s). The Unit Cost must be as reflective of the actual cost as possible. Although costs may differ from month to month please provide the best estimated Unit Cost possible.
- b. Column (B) Number of Units: Enter the estimated or agreed reimbursement schedule/rate per month. For example, if you are paying for services biweekly then the costs should be reflected as: Agreed Unit Cost/Rate of Reimbursement * 2 (for the number of times your agency will reimburse this Sub-Contractor for one month) * 12 (months).
- c. Column (C) Number of Months. This is limited to 12 months.
- d. Column (D) Total Cost: Do not complete this field.

NOTE: You must enter a numeric value in column (A), (B), and (C) in order for column (D) to calculate automatically.

- e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used for Sub-Contractor costs.
- f. Column (F) Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used for Sub-Contractor costs.
- g. Column (G) Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used for Sub-Contractor costs.
- h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for Sub-Contractor costs.
- i. Column (I) Budget: Do not complete this field. This amount should equal column (D) Total Cost.

3. **Catered Food Costs:** In the space provided, enter the following information:

- a. Column (A) Unit Cost: Enter the cost per unit of the item(s).
- b. Column (B) Number of Units: Enter the number of items to be purchased.
- c. Column (C) Number of Months.

Note: You must enter a numeric value in column (A), (B), and (C) in order for column (D) to calculate automatically.

- d. Column (D) Total Cost: Do not complete this field.
- e. Column (E) Grant Costs: Enter the amount of the proposed Grant Cost that will be used for Catered Food Costs.
- f. Column (F) Match (Cash/In-kind): Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for Catered Food Costs.
- g. Column (G) Non-Match (Cash/In-kind): Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for Catered Food Costs.
- h. Column (H) NSIP: Enter the amount of proposed NSIP that will be used for Catered Food Costs.
- i. Column (I) Grant Related Income: Enter the amount of proposed grant related income that will be used for Catered Food Costs.
- j. Column (J) Grand Total: Do not complete this field. This amount should equal Column (C) Total Cost.

4. **Raw Food Costs:** In the space provided, enter the following information:

- a. Column (A) – Unit Cost: Enter the cost per unit of the item(s).
- b. Column (B) Number of Units: Enter the number of items to be purchased.
- c. Column (C) Number of Months.

Note: You must enter a numeric value in column (A), (B), and (C) in order for column (D) to calculate automatically.

- d. Column (D) Total Cost: Do not complete this field.
- e. Column (E) Grant Costs: Enter the amount of the proposed Grant Cost that will be used for Raw Food Costs.
- f. Column (F) Match (Cash/In-kind): Enter the amount of the Proposer's match in the form of either cash or in-kind contributions that will be used for Raw Food Costs.
- g. Column (G) Non-Match (Cash/In-kind): Enter the amount of the Proposer's non-match in the form of either cash or in-kind contributions that will be used for Raw Food Costs.
- h. Column (H) NSIP: Enter the amount of proposed NSIP that will be used for Raw Food Costs.
- i. Column (I) Grant Related Income: Enter the amount of proposed grant related income that will be used for Raw Food Costs.
- j. Column (J) Grand Total: Do not complete this field. This amount should equal Column (D) Total Cost.

Page 4 – Cost Detail – Space and Equipment

- 1. **Space:** In the space provided, enter the location of the space wherein Program or administrative services will be provided. Complete the columns as follows:
 - a. Column (A) Unit Cost: Enter the **cost per square foot**. This amount must be a fair market value and supported by documentation.
 - b. Column (B) – Number of Units: Enter the **total square footage** of Space being used for Program services.
 - c. Column (C) Enter the number of months. Must be limited to 12 months.
 - d. Column (D) Total Cost: Do not complete this field.
 - e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used for Space costs.
 - f. Column (F) Match: Enter the amount of the Proposer's Match in the form of Cash or In-Kind contributions that will be used for Space costs.
 - g. Column (G) Non-Match: Enter the amount of the Proposer's Non-Match in the form of Cash or In-Kind contributions that will be used for Space costs.

- h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for Space costs.
 - i. Column (I) Budget: Do not complete this field. This amount should equal column (D) Total Cost.
- 2. **Equipment:** In the space provided, enter equipment items that will be purchased for use in Program operations. For single unit purchases over \$1,000 refer to the *Unique Terms and Conditions* and *Standard Terms and Conditions* for more information. Complete the columns as follows:
 - a. Column (A) Unit Cost: Enter the cost per unit. The Unit Cost must be as reflective of the actual costs as possible. Although costs may differ from month to month, please provide the best estimated cost possible.
 - b. Column (B) Number of Units: Enter the number of items to be purchased.
 - c. Column (C) Enter the number of months up to a limit of 12 months.
 - d. Column (D) Total Cost: Do not complete this field.
 - e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used to purchase the Equipment item(s).
 - f. Column (F) Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used to purchase the Equipment item(s).
 - g. Column (G) Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used to purchase the Equipment item(s).
 - h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used to purchase the Equipment item(s).
 - i. Column (I) Budget: Do not complete this field. This amount should equal column (D) Total Cost.

PAGE 5 – Other Cost Detail: For each cost category (i.e., Accounting Services, Advertising, Dues/Memberships/Subscriptions, Indirect Costs, etc), complete each column as follows:

- a. Column (A) Unit Cost: Enter the cost per unit of the item(s). The Unit Cost must be as reflective of the actual costs as possible. Although costs may differ from month to month please provide the best estimated cost possible.

NOTE: Mileage must be calculated by the cost per mile and the estimated number of miles. The cost per mile can't exceed the AAA approved Unit Rate which is currently .52 cents per mile.

- b. Column (B) Number of Units: Enter the number of items to be purchased.
- c. Column (C) Number of Months: Enter the number of months. Must be limited to 12 months.
- d. Column (D) Total Cost: Do not complete this field.
- e. Column (E) Grant Costs: Enter the amount of the proposed Grant Award that will be used for this item(s).
- f. Column (F) Match (Cash/In-Kind): Enter the amount of the Proposer's Match in the form of either Cash or In-Kind contributions that will be used for this item(s).
- g. Column (G) Non-Match (Cash/In-Kind): Enter the amount of the Proposer's Non-Match in the form of either Cash or In-Kind contributions that will be used for this item(s).
- h. Column (H) Grant Related Income: Enter the amount of proposed Grant Related Income that will be used for this item(s).
- i. Column (I) Budget: Do not complete this field. This amount should equal column (D) Total Cost.
- j. **Indirect Costs:** Please note Proposers can only charge 8% of the total Grant Costs to the program. Anything above the 8% administrative cap can be used as a Match. All Indirect Costs must be supported by the *Cost Allocation Plan* submitted by your agency. For more information regarding the *Cost Allocation Plan* please refer to the *Statement of Work*.